



Image

1743

PTO/SB/21 (08-00)

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TRANSMITTAL FORM

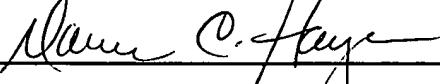
(to be used for all correspondence after initial filing)

		Application Number	10/023,869
		Filing Date	12/21/2001
		First Named Inventor	James SAMSOONDAR
		Group Art Unit	1743
		Examiner Name	Maureen Wallenhorst
Total Number of Pages in This Submission		Attorney Docket Number 213202.00354	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks <p style="text-align: center;">* WITH CORRECTED DECLARATION</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Dawn C. Hayes Registration No.: 44,751
Signature	 03/26/2004
Date	

CERTIFICATE OF MAILING

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